BASE ISSUE FEE TRANSMITTAL

This form is provided in lieu of a formal transmittal and should be used for transmitting the Base Issue Fee. The sections 1A through 4 below must be completed as appropriate.

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Alcourther corespondence including the Issue Fee Receipt, the Patent, the Notice of Balance of Issue Fee Due if appropriate, and advanced orders will be mailed to the address entered in section 1 at the left below, unless you direct otherwise by specifying the appropriate name and address in 1A below.

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LUMBER P. PRISAL 501 GEORGE ST. NEH ERLINEWICK, N. J. 08703

The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Base Issue Fee to the application identified below.

(Date)

(26,864)

9/13/82

The Base Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

	SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	DATE MAILED	EXAMINER AND GROUP ART UNIT		
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First Named Applicant	KUNG , PATRICK CHUNG-SHU						
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A. Furthe	·correspond	dence to be mailed to the following	ng:			names of no or agents OF as a member name is liste	on the patent front page, list more than 3 registered pat 8, alternatively, the name of a registered attorney or age d below, no name will be pr	ent attorneys a firm having nt. If no inted.

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P1011 09/17/88 033669	10-0750 2 106 100.00EH
3. ASSIGNMENT DATA (print of type) 09/17/82: 033669 P1013 09/17/82: 033669	4. 10-0750 2 107 10.000H The following 038 (per@ost 08 2.000H
 A. (1) This application is NOT assigned. (2) XXX Assignment previously submitted to the Patent and Trademark Office. (3) Assignment submitted herewith. 	☐ Base fee ☐ Advanced order ☐ Assignment recording
B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when a passignment has been prey particularly submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).	The following fees should be charged to deposit agency 10-750-750 10-750 10-10-10-10-10-10-10-10-10-10-10-10-10-1
(1) NAME OF ASSIGNEE: Recorded-11/23/81 Reel-3928 Ortho Pharmaceutical Corporation Frame-828 (2) ADDRESS: (City & State or Country) Raritan, New Jersey (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: New Jersey	Base fee KAdvanced order Assignment recording Balance of Issue fee due, if any Number of advanced order copies requested. (must be for 10 or more copies)